MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05263

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1213 Kirklynn Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 1213 Kirklynn

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Dora (Last) Alifas

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12/16/1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Ernst

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Nels Peter Alifas 1213 Kirklynn Ave. Takoma Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 1 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 8 yrs.

DUE TO (c) Generalized arteriosclerosis — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation — 3 mos

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1953 to May 30, 1953 that I last saw the deceased alive on May 30, 1953 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Samuel M. Bagnall M.D. (Degree or title) ADDRESS Washington DATE SIGNED 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF 6/3/53

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) Suitland, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 5/30/53

REGISTRAR'S SIGNATURE James Seore

24. FUNERAL DIRECTOR The S.H. Hines Co.

ADDRESS 2901-7th St. N.W. Wash. D.C.

mort

RECEIVED
JUN 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05264

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH: LELAND MEML HOSP.
COUNTY PRINCE GEORGE'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~HYATTSVILLE~~ BLUEROBLE, MD.
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS LELAND MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural give location) 41 B ST.

3. NAME OF DECEASED: (First) MARY (Middle) IRene (Last) BAKER
4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W.		Oct 28 1900	52 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housf.
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hobbs
14. MOTHER'S MAIDEN NAME: MARY Hunter-Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: -no
17. INFORMANT & ADDRESS: Otis Baker - Husband - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.2 Immediate cause	(a) DUE TO acute Pulmonary edema	1 -
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO myocarditis - Endocarditis	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ ~~Not While~~ At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20 1953, to 5/15/53, that I last saw the deceased alive on 5/16, 1953, and that death occurred at 5/15/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) M D Leonard
ADDRESS Laurel Md
DATE SIGNED 5/15/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 17, 1953	Hyson Cemetery	Bentonville, Md

DATE REC'D BY LOCAL REGISTRAR: May 17-53 / 20-53
REGISTRAR'S SIGNATURE: James Devey
24. FUNERAL DIRECTOR: McWilliams Davidson
ADDRESS: Laurel Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05265

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 701 Washington Ave

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Winget (Last) Bealer

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-27-74
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): TELEGRAPH OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: B. O. Railroad Telegraph Op
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bealer
14. MOTHER'S MAIDEN NAME: Mary Ellen Hopkins.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-09-0040
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

902.0
Immediate cause (a) Pulmonary Haemorrhage — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Fractured Ribs - Hypertension — 3+
DUE TO (c) Heart Disease —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) Laurel (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 1952 m 3/4
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Fell off ladder

22. I hereby certify that I attended the deceased from 4/29, 1953, to 5/2, 1953, that I last saw the deceased alive on 4/29, 1953, and that death occurred at 3.40 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] ADDRESS Laurel DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 5, 1953
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR May 6 1953
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 7 1953
BUREAU V.I.S.

MARYLAND STATE DEPARTMENT OF HEALTH

3704 05266

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND — LENGTH OF STAY (In this place) Life
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural, give location) 4113-40th Street

3. NAME OF DECEASED (Type or Print): (First) Warren (Middle) (Last) Beall

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11-27-76

9. AGE last birthday: 76 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: R.R. Emp-

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Agnes Simpson 4919 N.H. Ave. N.W. 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Hyattsville, Md. 5-16-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 5/19/53 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 5/19/53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS T. Gracia & Sons Hyattsville Md

44

RECEIVED
MAY 21 1953
BUREAU V. &

05267

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg — LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4115 - 51st Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4115 - 51st Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Clifford (Last) Bell

4. DATE OF DEATH: (Month) 5 - (Day) 9 - (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-14-1900

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Southern Oxygen

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Angus Bell

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Dorothy Bell - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion

(c) Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney, Med. Dep. Med. Exam. — Cheverly, Md — 5-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 12, 1953 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. 5/10/53 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS: F. Fleischmann Hyattsville Md

RECEIVED
MAY 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PA COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Downington
STREET ADDRESS (If rural, give location) 304 Bradford ave

3. NAME OF DECEASED: (Type or Print) (First) Angelo (Middle) (Last) Bongiovanni
4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (M)
8. DATE OF BIRTH: 2-3-96
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gro Bus
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 581.0

Immediate cause (a) Cirrhosis of the liver
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25, 1953 to 5-2, 1953, that I last saw the deceased alive on 5-1, 1953, and that death occurred at 10:65 a.m., from the causes and on the date stated above.

SIGNATURE R.A. Bowner (DEGREE OR TITLE) M.D. ADDRESS Hyattsville Md DATE SIGNED 5-2-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/5/53
NAME OF CEMETERY OR CREMATORY St. Joseph's
LOCATION (State) Chester Co. Pa.
DATE REC'D BY LOCAL REG. 5-2-1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascho sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. A.D. 8-51

RECEIVED
MAY 5 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

05269

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Capitol Heights

LENGTH OF STAY (in this place): 44 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5904 - F Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Pr. Geo.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capitol Heights

STREET ADDRESS (If rural, give location): 5904 - F Street.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
IDA	—	BOWLING	May	22	1953.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	March 14, 1876	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Washington, D.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Mc. Farlane	Margaret Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
no		—	Mamie A. Barber - 2026-34th St SE Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
44 Immediate cause	(a) Cerebral Hemorrhage	20 Hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertension cardio-vascular	
	DUE TO (c) renal disease	10 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1953, to 5/22, 1953, that I last saw the deceased alive on 5/22, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
William Branion	MD	6124 Central Ave Capitol Hgts Md	5/24/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	5/25/53	Addison Chapel	Seat Pleasant Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 23-53	Carrie F. Canfield.	W. H. Chambers Co.	5117 11th St NE

VS. A15 3-51

RECEIVED
MAY 27 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 15 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Rebecca (Last) Brady
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Nov. 23, 1892
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Simpson
14. MOTHER'S MAIDEN NAME: Josephine Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

260X

Immediate cause (a) Congestive heart failure, Renal failure — yrs.

DUE TO

Antecedent cause(s) (b) A.S. heart disease — yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Diabetes Mellitus — 18 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1953, to 5/15, 1953 that I last saw the deceased alive on 5/15, 1953 and that death occurred at 11:20 A.m., from the causes and on the date stated above.

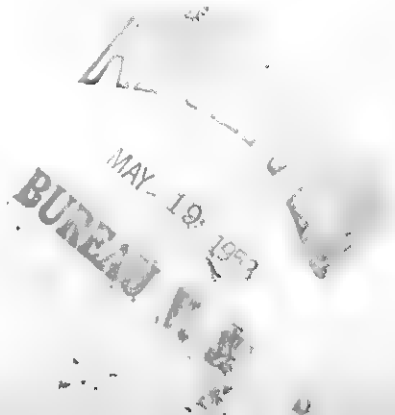
SIGNATURE Chloe B. Ulshafer (DEGREE OR TITLE) M.D. ADDRESS Leland Mem. Hosp. DATE SIGNED 5/15/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/18/53.
NAME OF CEMETERY OR CREMATORY White Marsh Cemetery
LOCATION (City, town, or county) Bowie Md. (State)
DATE REC'D BY LOCAL REG. May 16, 1953
REGISTRAR'S SIGNATURE James Devers
24. FUNERAL DIRECTOR F. Gascha Sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51


MAY 19 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 7 1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Ignatius (Last) Brown
4. DATE OF DEATH (Month) May (Day) 25 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-3-23
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Place Track
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis James Brown
14. MOTHER'S MAIDEN NAME Mary Wood.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Clarence Brown - Bowie, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

811 X Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Pelvis and chest

(c) Automobile accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) 7500 Ft. N. of N. S. 50 (COUNTY) Bowie Rd (STATE) Pr. Geo. Md
TIME OF INJURY (Month) (Day) (Year) 5-25-53 (Hour) 12.58 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Head on collision between 2 autos.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. (Degree or title) - Dep. Med. Exam. ADDRESS - Hyattsville, Md DATE SIGNED 5-25-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/29/53
NAME OF CEMETERY OR CREMATORY Church of Ascension
LOCATION (City, town, or county) Bowie (State) Md

DATE REC'D BY LOCAL REG. 25 May 1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Lone Z. Ford ADDRESS 1213-4th St SW Wash. D.C.

3719

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05272

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)

LENGTH OF STAY (in this place) 2 yrs., and 2 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1328 Corcoran St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) BUTLER

4. DATE OF DEATH: (Month) MAY (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/12/04

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spray Painter

10b. KIND OF BUSINESS OR INDUSTRY: B. & P. Spray Co.

11. BIRTHPLACE (State or foreign country): St. Mary's County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Butler

14. MOTHER'S MAIDEN NAME: Mamie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Pulmonary Embolism, postoperative — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

Antecedent cause(s) (b) Pulmonary Tuberculosis — 26 months

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/29/53

19b. MAJOR FINDINGS OF OPERATION: Pulmonary Tuberculosis → Pulmonary resection (segmental of left lower lobe) with thoracoplasty

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/11, 1951, to 5/13, 1953, that I last saw the deceased alive on 5/12, 1953, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinicane M.D. (DEGREE OR TITLE) ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 5/13/53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 5/13/53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 5/13/53 REGISTRAR'S SIGNATURE Mae Weiss

24. FUNERAL DIRECTOR Robt. G. McGuire 1820 - 9th St. N.W. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

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RECEIVED
MAY 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05223

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Pr. Geos Co
City or town: Maryland Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 38
Hospital, institution, or street address where death occurred:
206 - 65th St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pr Geos Co
City or town: Maryland Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 206 - 65th St
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Norvel James Carrick

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband~~ or wife: Edith Carrick
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): April 22 1881

8. AGE: Years: 72 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Aramore Pr Geos Co Md
(Town, county, and state)

10. Usual occupation: Retired Street Car Motorman

11. Industry or business

MOTHER FATHER

12. Name: Wm Carrick

13. Birthplace

14. Maiden name: Rosie Loveless

15. Birthplace

16. Informant: Mr Melvin Carrick
Address: 111 - 65th st Md Park Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: MAY 28-53 (month) (day) (year)
Cemetery or crematory: Cedar Hill
Location: Suitland, Md.

18. Funeral director: J. W. Gladden Co.
Address: 300 - 4 St. N.E. Wash, D.C.

19. May 26 53 Carrie Campbell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25 1953 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 24 1948 to May 25 1953 and that I last saw him alive on Jan 30 1953

Immediate cause of death	DURATION
Coronary Thrombosis	Sudden
Due to: Hypertensive Heart Disease	5 years
Due to: 420.1	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work? (over)

23. SIGNATURE: D. Suit Ritchie MD
M. D. or other
Address: 7005 Ritchie Rd SE Wash 27 D.C. Date signed: 5/25/53

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5/25/53

This certificate was signed by telephone [illegible] of Coroner

[illegible] Hutchie M.D.

RECEIVED
JUN 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05274

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 5 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geor Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington DC
STREET ADDRESS (If rural give location) 3325-Nichols Ave SE

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) M. (Last) Christensen

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-31-1903
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Telephone Operator
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Burton
14. MOTHER'S MAIDEN NAME: Elizabeth M. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Noah Christensen Husband 3325 Nichols Ave SE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma of Left Breast — 4 years

(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 21, 1953
19b. MAJOR FINDINGS OF OPERATION: atrophic ovaries. Adrenals Removed
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1949, to May 22, 1953, that I last saw the deceased alive on May 22, 1953, and that death occurred at 6 45 P.M. from the causes and on the date stated above.

SIGNATURE Samuel J N Sugar (Degree or title) MD ADDRESS 4300 Kaywood Drive Mt Rainier Md DATE SIGNED 5/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/26/53 NAME OF CEMETERY OR CREMATORY Arlington Hall LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR May 22 1953 REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St S E DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 19
BU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 239 - 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause(s) of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 33 A Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural give location): 33 A Street

3. NAME OF DECEASED: (Type or Print) (First) RALPH (Middle) (Last) CHROTENUTO

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): marrie

8. DATE OF BIRTH: Jan. 30 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Own barber shop

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luigi Carotenuto

14. MOTHER'S MAIDEN NAME: Carmelo —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Ellen Carotenuto 33 A Street Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute edema of the lungs — Interval Between Onset And Death: 2 h.

DUE TO

Antecedent causes (b) Coronary thrombosis — 5 months

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(420.1) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lymphocytic leukemia — 8 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28, 1952, to 5-16, 1953, that I last saw the deceased alive on 5-16, 1953, and that death occurred at 0:55 a.m., from the causes and on the date stated above.

SIGNATURE: Wm. R. Bunge (Degree or title) (M.D.) ADDRESS: Laurel Md DATE SIGNED: 5-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 19 1953 — NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery — LOCATION (City, town, or county) (State): Laurel Maryland

DATE REC'D BY LOCAL REGISTRAR: 5/19/53 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR ADDRESS: DeWitt Dansdon Laurel Md

VS. A15

3

MAY 21 1953
BUREAU V

Film G154, Items#1&14, 5/13/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Pr. Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (by this place) 8 Mos Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highbridge Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) Highbridge Road.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Clark
4. DATE OF DEATH (Month) May (Day) 9 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 22, 1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - farmer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mathias Clark.
14. MOTHER'S MAIDEN NAME Mary H. McWhorter Mackabee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. & Mrs. James McLaughlin - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4-4.1

Immediate cause (a) Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Cheverly Maryland - 5-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 11, 1953
NAME OF CEMETERY OR CREMATORY Bowie Catholic Cemetery
LOCATION (City, town, or county) Bowie (State) Maryland

DATE REC'D BY LOCAL REG. 5/10/53
REGISTRAR'S SIGNATURE Amanda Downey
Agnes M. Yingling
24. FUNERAL DIRECTOR F. Gascha sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
MAY 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05277

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie — LENGTH OF STAY (In this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Geo. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie
STREET ADDRESS (If rural, give location): Bowie-Laurel Road

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Love Coburn (Last) Coburn
4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 27, 1890
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Vandermer, No. Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Geo. John Tolson
14. MOTHER'S MAIDEN NAME: Carrie Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Sophie James (daughter.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Vascular Hemorrhage — 2½ hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — Years, Indefinite

(c) Generalized Arteriosclerosis — Year, Indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Biliary Cirrhosis — 5 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to May 27, 1953, that I last saw the deceased alive on 5/27, 1953, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H James Kurtz 2D RFD Bowie, Md 5/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 30, 1953 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cemetery — LOCATION (City, town, or county) (State): Bladensburg Md Pr Geo, Md.

DATE REC'D BY LOCAL REG: May 27, 1953 — REGISTRAR'S SIGNATURE: Agnes M. Yingling — 24. FUNERAL DIRECTOR: J Bryden Bailey — ADDRESS: 2214 Carroll Ave. Takoma Park 12, D.C.

RECEIVED
MAY 29 1953
BUREAU V. F.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05278

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly. — LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenridge
STREET ADDRESS (If rural, give location) 7104 - Merrywood St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Patrick (Last) Connolly
4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-27-91
9. AGE last birthday 62 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Times Herald
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Patrick Connolly
14. MOTHER'S MAIDEN NAME Mary Ennis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. 152-05-5674
17. INFORMANT AND ADDRESS Mary Connolly - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary thrombosis due to myocardial

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) infarction due to coronary sclerosis due

(c) due to crushed chest to shock due to fall from ladder.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Hyattsville — (COUNTY) Pr. Geo. — (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 29 (Year) 35 (Hour) 3:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Fell from ladder while painting his house.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney, M.D. — (Degree or title) Dep. Med. Exam. — ADDRESS Hyattsville, Md — DATE SIGNED 5-10-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF 5/10/53 — NAME OF CEMETERY OR CREMATORY Harrison — LOCATION (City, town, or county) New Jersey (State)

DATE REC'D BY LOCAL REG. 5/10/1953 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR F. Gasch's Sons — ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 5403 - 40th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Thelma (Middle) (Last) Cullen

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 2-1908
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington D C
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Tom H. Anglin
14. MOTHER'S MAIDEN NAME: Susie S. Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: 2 1/2 hours

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary occlusion — 2 1/2 hours

DUE TO

(c) Arteriosclerotic hypertensive heart disease — 5+ years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1953, to 5-22, 1953, that I last saw the deceased alive on 5-22, 1953, and that death occurred at 4.05 PM, from the causes and on the date stated above.

SIGNATURE W. B. Moyles (Degree or title) M.D. ADDRESS 3503 Perry St Mt. Rainier Md DATE SIGNED 5-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 26. 1953
NAME OF CEMETERY OR ~~CREMATORY~~ Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/23/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville ADDRESS Md

#44-9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)

LENGTH OF STAY (in this place) 5 mos., and 13 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY –

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 326 Allen's Court, S. W.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Daniels

4. DATE OF DEATH: (Month) (Day) (Year) 5/18/53 19

5. SEX: Male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/27/25

9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR Months 1 Days 21 IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Refuse Dept. D.C.Govt.

11. BIRTHPLACE (State or foreign country): Caroline Co. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stanup Daniel

14. MOTHER'S MAIDEN NAME: Florence Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1943

16. SOCIAL SECURITY NO.: 226-20-8822

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	1 year
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5/, 1952, to 5/18/, 1953, that I last saw the deceased alive on 5/17/, 1953, and that death occurred at 12-15 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Pinecane (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 5/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF 5/18/53

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 5/18/53

REGISTRAR'S SIGNATURE Wm Weiss

24. FUNERAL DIRECTOR John A Kimmel Co. ADDRESS 901 32 St. S.W.

PC

RECEIVED
MAY 22 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05281

1. PLACE OF DEATH COUNTY: Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Prince George COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmount Hgts — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmount Hgts.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 616-61-ave	STREET ADDRESS (If rural, give location): 616-61 ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Leona Davis			4. DATE OF DEATH (Month) (Day) (Year): May 14 1953		
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec 23 1881	9. AGE last birthday: 71 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic		10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Okolona, Miss		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown			14. MOTHER'S MAIDEN NAME: Unknown.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT: James Davis.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Hypertensive Cardio-Vascular Disease — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension. — ?

(260X) Chronic Arthritis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1942, to May 14, 1953 that I last saw the deceased alive on May 14, 1953 and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE: H. G. Beldon, M.D. (Degree or title) ADDRESS: 44 23 Hunt Pl. NE DC DATE SIGNED: 5-15-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF: 5-18-53	NAME OF CEMETERY OR CREMATORY: Lincoln Memorial	LOCATION (City, town, or county): Suitland (State): Md.
DATE REC'D BY LOCAL REG.: 5-18-53	REGISTRAR'S SIGNATURE: Carrie F. Campbell	24. FUNERAL DIRECTOR: H. S. Washington + Sons	ADDRESS: 467 N St NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05282

Reg. Dist. No. 2402

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District Heights Md.; LENGTH OF STAY (In this place): 2 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7307 Gateway Blvd Washington 28 DC

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District Heights, Md; STREET ADDRESS (If rural, give location): 7307 Gateway Blvd. - Washington 28 DC

3. NAME OF DECEASED (Type or Print): (First) Wilbur (Middle) Edwin (Last) Dieffenbauch

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Aug 20 1902

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: unemployed

11. BIRTHPLACE (State or foreign country): Huntington Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George F Dieffenbauch

14. MOTHER'S MAIDEN NAME: Viola May Shaffer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 309-09-9807

17. INFORMANT: Mrs Galen McGhee (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4442X

Immediate cause (a) Acute Coryes tive Cardiac failure — 10 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiovascular Renal Disease — unknown

(c) General Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1st, 1953, to May 8, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 9.53 P. m., from the causes and on the date stated above.

SIGNATURE: Paul E Van Hatten (Degree or title) M.D ADDRESS: 5440 Silver Hill Rd SE. Washington 28 DC DATE SIGNED: May 8 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 11 1953 — NAME OF CEMETERY OR CREMATORY: Washington National — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: May 9, 1953 — REGISTRAR'S SIGNATURE: Carrie S. Campbell

24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 5171 11th St. SE Wash. D.C.

VS. A15

MAY 12 1953
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood
STREET ADDRESS (If rural, give location) Dower House Rd - RT. 1

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) V. (Last) Dixon
4. DATE OF DEATH (Month) May (Day) 23 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 22 - 1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pr. Geo. Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jeremah T. Grimes
14. MOTHER'S MAIDEN NAME King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Walter E. Dixon Dower House Rd - RT-1 - Melwood, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442X Immediate cause	(a) Cerebral Embolism	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio-Vascular	5 yrs
	(c) Renal Vision	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

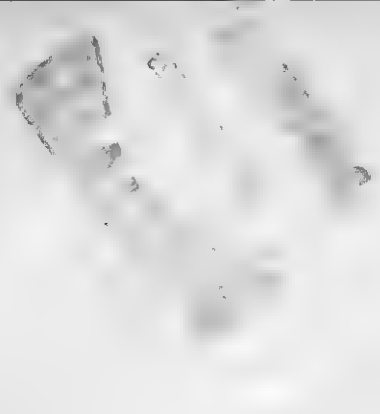
21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 21, 1953, to May 23, 1953, that I last saw the deceased alive on May 23, 1953 and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE James E. Sassen (Degree or title) M.D. — ADDRESS Upper Marlboro, Md — DATE SIGNED 5-24-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 26-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. May 24-53
REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR Simmons Bros. 2007 - Nichols Ave. SE Wash. D.C.
ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05284

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly

LENGTH OF STAY (in this place) 3½ hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham Park, Lanham P.O.

STREET ADDRESS (If rural, give location) 106 Worrell Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) GATEWOOD (Last) DODSON

4. DATE OF DEATH: (Month) May (Day) 9th, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct.22nd,1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Culpepper Cty.,Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Larkin Shackleford

14. MOTHER'S MAIDEN NAME: Ella Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Gilbert R. Dodson, 106 Worrell Ave., Lanham, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

DUE TO

Antecedent cause(s) (b) Arterio-Sclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to 5/9/1953, that I last saw the deceased alive on 5/9/1953, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE Albert Roth (DEGREE OR TITLE) M.D. ADDRESS Riverdale DATE SIGNED 5/11/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/12/1953

NAME OF CEMETERY OR CREMATORY Washington National

LOCATION (City, town, or county) (State) Suitland, Prince Geo. Md.

DATE REC'D BY LOCAL REG. 5/11/53

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W.W.Chambers Company, Riverdale, Md. ADDRESS

VS. AD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A05

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY: Pr. Geo. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVERLY. LENGTH OF STAY (in this place): D.O.A.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: D.O.A - Pr. Geo. Gen Hosp.	STREET ADDRESS (If rural, give location): 5105 [illegible] Md.

3. NAME OF DECEASED (Type or Print)	(First) DEBORAH	(Middle) ANN	(Last) DONOVAN.	4. DATE OF DEATH (Month) MAY (Day) 4 (Year) 195[illegible]
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH: 4/15/53	9. AGE last birthday: yrs. If under 1 year: Months. Days 20 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE - INFANT	10b. KIND OF BUSINESS OR INDUSTRY: NONE	11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.	12. CITIZEN OF WHAT COUNTRY: USA	
13. FATHER'S NAME: HUGH NICHOLS DONOVAN		14. MOTHER'S MAIDEN NAME: ANN MARIE SMITH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): NONE	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT AND ADDRESS: HUGH N. DONOVAN - 5105 TILDEN RD BLADENSBURG, MD		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

75[illegible]

Immediate cause (a) Congested Heart.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

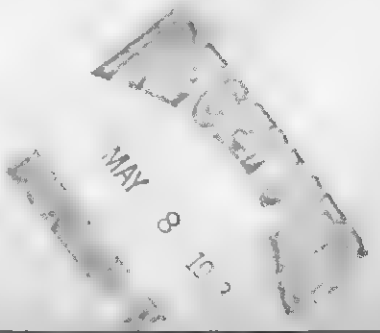
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ~~5 4 53~~ 2 P.m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1953, to 5/4, 1953, that I last saw the deceased alive on 5/4, 1953, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Joseph A. Duggan, M.D.	4122 - 13th Pl. N.E.	5/5/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 5/6/1953	NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEMETERY	LOCATION (City, town, or county) (State): WASHINGTON, D.C.
DATE REC'D BY LOCAL REG.: 5-5-53	REGISTRAR'S SIGNATURE: Amanda Downey	24. FUNERAL DIRECTOR: W.W. CHAMBERS CO.	ADDRESS: RIVERDALE, MD

9V43 9[illegible]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Items 5,6 Film 154 6/3/53 mhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2431

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Prince George — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beverly

LENGTH OF STAY (in this place): 30 minutes

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY P.G.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park.

STREET ADDRESS (If rural, give location): 5025 Laguna Road.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Eckert

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 6 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours —, Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernest H. Eckert

14. MOTHER'S MAIDEN NAME: Virginia Van

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

751X

Immediate cause (a) Spina Bifida with meningocele and Hydrocephalus.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Fetal abnormalities.

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT, SUICIDE, HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6, 1953, to 5/6, 1953, that I last saw the deceased alive on 5/6, 1953, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE Harry R. Beltman. (DEGREE OR TITLE) M.D. ADDRESS 1475 Euclid St. N.W. DATE SIGNED 5/6/53.

BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE THEREOF 5/23/53

NAME OF CEMETERY OR CREMATORY: Prince Georges Gen Hosp

LOCATION (City, town, or county) (State): Beverly Md

DATE REC'D BY LOCAL REG. 5/27

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Harry W. Penn Jr.

ADDRESS: Seat

20534 7140 1953

RECEIVED
MAY 29 1953
BUREAU V. A.

Item 8 FilmG155 7/6/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) Lt. Ct.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Corp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Geo COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 12206 - Middle Road

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) Henry (Last) Edwards
4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9/19 9-3-1919
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bulldozer Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Marshall Andrew Edwards
14. MOTHER'S MAIDEN NAME Carrie Bell Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW II (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-10-2652
17. INFORMANT AND ADDRESS Louise Mockabee 408-65th Ave Md. Park Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound-comminuted fracture of skull

(c) and crushed chest

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Cardmore, Md (COUNTY) Pr. Geo (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-3-53 - 9 m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Collision between 2 automobiles.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John D. Maloney M.D. (Degree or title) ADDRESS Cheverly, Maryland DATE SIGNED 5-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 6, 1953 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. May 5 1953 REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR F. Gasch & sons Hyattsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1306- 53RD Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
STREET ADDRESS (If rural, give location) 1306 53rd Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) HELEN MERRILL ROLLINS EPPS
4. DATE OF DEATH (Month) (Day) (Year) May 15th 1953
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9/11/1904
9. AGE last birthday 43 (43 yrs.) If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Drug Store
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Issac Rollins
14. MOTHER'S MAIDEN NAME Bessie Merrill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Asa C. Epps 1306 53rd ave Hillside md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 Immediate cause (a) Cirrhosis of liver - terminal coma — Interval Between Onset and Death: 2 yrs - 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to May 15, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William B. Yowell, M.D. ADDRESS 2412 Minnesota Ave, S.E. D.C. DATE SIGNED 5/15/53

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 5/18/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland md.

DATE REC'D BY LOCAL REG. May 15-53
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co. 517 11th St. S.E. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 19
BUREAU V.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05289

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roger Heights Md
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4913 Slonovan Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roger Heights
STREET ADDRESS (If rural, give location) 4913 Slonovan Rd

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) SOLOMON (Last) EVELY

4. DATE OF DEATH (Month) May (Day) 24. (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5/21/1904
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Salesman
10b. KIND OF BUSINESS OR INDUSTRY Sears Roebuck Co
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm A Evely
14. MOTHER'S MAIDEN NAME Hannah Schreffle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Elizabeth M Evely Roger Heights Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
163X Immediate cause	(a) Pulmonary Edema	5/23/53
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of lung	Jan 4-53
	(c) Metastases generalized	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1953, to 5/24, 1953, that I last saw the deceased alive on 5/24, 1953, and that death occurred at 6 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George Hagerage MD 3711-38th Ave Cottage City Md

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF 5/26/53
NAME OF CEMETERY OR CREMATORY Gordon
LOCATION (City, town, or county) (State) Pennsylvania

DATE REC'D BY LOCAL REG. May 25, 1953
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F Gaschs sons Hyattsville Md
ADDRESS

RECEIVED
MAY 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C5290

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Cheverly, Md. | LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) Waters (Last) Ford

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 19 53

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb. 27, 1890

9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Boilermaker

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Earl Ford

14. MOTHER'S MAIDEN NAME: Alice Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Lillie Lee Ford (Wife) Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of liver — Interval Between Onset And Death: 4 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Primary neurogenic sarcoma of liver — Unk

19a. DATE OF OPERATION: 13 May, 53. | 19b. MAJOR FINDINGS OF OPERATION: Malignancy & cirrhotic liver | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1953, to 16 May, 1953, that I last saw the deceased alive on 16 May, 1953, and that death occurred at 6 P.M. from the causes and on the date stated above.

SIGNATURE R. R. Carver (Degree or title) M.D. ADDRESS Upper Marlboro Md. DATE SIGNED May 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/20/53 | NAME OF CEMETERY OR CREMATORY Mt. Carmel | LOCATION (City, town, or county) (State) Upper Marlboro Md.

DATE REC'D BY LOCAL REGISTRAR 5/21/1953 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Ritchie Brothers ADDRESS Upper Marlboro, Md.

RECEIVED
MAY 27 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05291

CERTIFICATE OF DEATH

Reg. Dist. No. 17-2

1. PLACE OF DEATH:
County... Prince Georges
City or town... Suitland Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? since birth
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County PRINCE GEORGE
City or town Suitland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4888 - Sunset Lane
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Marguerite Marie Gardner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: James F. Gardner
6.(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): Aug 12 1913

8. AGE: Years	Months	Days	If less than one day
39			hrs. min.

9. Birthplace: Suitland Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Edward Kenney
13. Birthplace: Washington D.C.

MOTHER
14. Maiden name: Flora V. Craglo
15. Birthplace: Washington DC

16. Informant: Mrs J. J. Kenney
Address: Sister in Law

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 13 1953 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cemetery
Location: Maryland MARYLAND

18. Funeral director: H. Dorr. D.C. Vol C.C.# 695
Address: 2224 - Wis. Ave N.W. Washington DC

19. May 11 1953 (Date rec'd by registrar) Edna F. Ellis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1953 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1951 to May 10 1953 and that I last saw her alive on May 10 1953

	DURATION
Immediate cause of death: Adenocarcinoma of Liver	3 months
Due to: Duct cell adenocarcinoma of Breast	2 years
Due to:	
Other conditions: 170 X	

(Include pregnancy within 3 months of death)

Major findings of operation: Extensive metastatic adenocarcinoma of liver Date of op. 4/16/53
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John F. Finnegan M.D. M. D. or other
Address: 1744 - K St. N.W. Date signed 6/10/53

VS Form 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5292

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md; LENGTH OF STAY (In this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md.; STREET ADDRESS (If rural give location) 5129 Baltimore Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) Estelle (Last) Dawson

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 4, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Beall

14. MOTHER'S MAIDEN NAME: Malinda ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1971

Immediate cause (a) ... Pulmonary Edema — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) ... multiple Carcinomatosis — over 5 yrs.

DUE TO (c) abdominal Carcinoma — over 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953 to May 22, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

SIGNATURE Louis M. Jimal M.D. (Degree or title) ADDRESS Cottage City Md. DATE SIGNED 5-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 25, 1953 NAME OF CEMETERY OR CREMATORY Ivy Hill LOCATION (City, town, or county) Laurel Md (State)

DATE REC'D BY LOCAL REGISTRAR 5/22/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Francis sons Hyattsville Md ADDRESS

RECEIVED
MAY 27 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

05293

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAPITAL HEIGHTS
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 49th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAPITAL HEIGHTS
STREET ADDRESS (If rural, give location) 408 49th Ave.

3. NAME OF DECEASED (Type or Print) (First) FIZZARD (Middle) HENRY (Last) HAMILTON

4. DATE OF DEATH (Month) MAY (Day) 25 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH Dec 17, 1891

9. AGE last birthday 61 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY Shoreham Hotel

11. BIRTHPLACE (State or foreign country) DISTRICT OF COLUMBIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME HARRY HENRY HAMILTON

14. MOTHER'S MAIDEN NAME MARY S WOLF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No. 214-01-6816

17. INFORMANT AND ADDRESS (WIFE) STELLA HAMILTON 408-49th Capital Heights

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
200.1 Immediate cause	(a) LYMPHOSARCOMATOSIS	10 MONTHS
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION MARCH 26, 1953

19b. MAJOR FINDINGS OF OPERATION LYMPHOSARCOMA - ABDOMEN

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 21, 1953, to MAY 25, 1953, that I last saw the deceased alive on MAY 21, 1953, and that death occurred at 6.00 P.m., from the causes and on the date stated above.

SIGNATURE Ernest E. Cornelsen (Degree or title) MD

ADDRESS 4400 BOWEN RD. S.E. WASHINGTON, D.C.

DATE SIGNED 5/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 5/28/53

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. May 26-53

REGISTRAR'S SIGNATURE Carrie F. Armfield

24. FUNERAL DIRECTOR W W Chambers Co

ADDRESS 517-11 St SE Wash DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A151

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05204

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 821 Montgomery St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 821 Montgomery St

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Belle (Last) Harrison

4. DATE OF DEATH: (Month) (Day) (Year) May 24 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 15 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Howard Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lewis
14. MOTHER'S MAIDEN NAME: Margaret Krause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Ada Chaney 821 Montgomery St Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
331X Immediate cause	(a)	Acute Cardiac Dilatation	2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cerebral Hemorrhage	9 yrs.
	DUE TO (c)	Hypertension	15 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1953, to 5/24, 1953, that I last saw the deceased alive on 5/24, 1953 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE B P Warren (DEGREE OR TITLE) MD ADDRESS Laurel Md DATE SIGNED 5/24/53

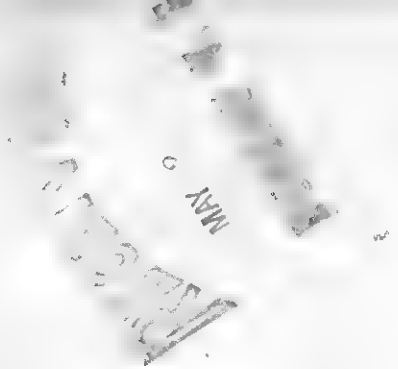
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 26 1953
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REG. May 26-53
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


MAY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05295

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A...

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place): 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 513 Prince George Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): 513 Prince George St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Lee (Last) Harrison

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): married

8. DATE OF BIRTH: July 5 1906

9. AGE last birthday: 46 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office

11. BIRTHPLACE (State or foreign country): Laurel, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest R. Harrison

14. MOTHER'S MAIDEN NAME: Annie L. Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mr. Ernest S. Harrison, 3872 Porter St. N.W. Washington, DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Acute Cardiac Dilatation — Interval between onset and death: 2 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronary Thrombosis — 2 yrs.

DUE TO

(c) Cardiac Hypertrophy. — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19, 1937, to 5/14, 1953, that I last saw the deceased alive on 5/14, 1953, and that death occurred at 11.05 P.M., from the causes and on the date stated above.

SIGNATURE: B. P. Warren — (DEGREE OR TITLE) MD — ADDRESS: Laurel Md — DATE SIGNED: 5/15/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 17 1953 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Laurel, Maryland

DATE REC'D BY LOCAL REG.: May 17-53 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR — ADDRESS: De Witt Donaldson, Laurel, Md

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05296

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bowie
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) (Last) Hawkins

4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH:

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Jones

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

443X

Immediate cause (a) Cerebral Hemorrhage — 4 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Cardio. Vasc. Dis. — 10 yrs.

DUE TO

(c) Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6, 1946, to 5/1, 1953, that I last saw the deceased alive on 5/1, 1953, and that death occurred at 0720 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. M. Warren M.D. Laurel 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 5 53

NAME OF CEMETERY OR CREMATORY Woodlawn Cem

LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. May 1- 53 & 5-6-53

REGISTRAR'S SIGNATURE Agnes M. Quigley

24. FUNERAL DIRECTOR Malone & Schey

ADDRESS

RECEIVED
MAY 8 1933
BUREAU W. P.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0529

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #2 Box 276

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Route #2 Box 276

3. NAME OF DECEASED (Type or Print) (First) Norwood (Middle) Forest (Last) Herring
4. DATE OF DEATH (Month) 5 (Day) 5 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 8, 1908
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Bus
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Aaron Herring
14. MOTHER'S MAIDEN NAME Unknown Beulah Boney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Dorothy J. Herring, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. Forestville Md 5-5-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/8/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. May 6-53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W.W. Chambers Co. 517 11th St S.E.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
MAY 11 1953
BUREAU Vc S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05298

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; STREET ADDRESS (If rural, give location) 9th St

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) HOPKINS

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 2 1880

9. AGE last birthday: 73 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Skilled Laborer

10b. KIND OF BUSINESS OR INDUSTRY: State Roads

11. BIRTHPLACE (State or foreign country): Howard Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mathenies Hopkins

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Katie Hopkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia acute — Interval Between Onset and Death: 3 hrs.

290.0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/11, 1953, to 5/20, 1953 that I last saw the deceased alive on 5/20 1953, and that death occurred at 2 20 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 314 Laurel Md 5-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 23, 1953 — NAME OF CEMETERY OR CREMATORY: Bacon's Cemetery — LOCATION (City, town, or county) (State): Anne Arundel Co Md

DATE REC'D BY LOCAL REG.: May 22-53 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR ADDRESS: Ridgley Selby 401 Washington Laurel Md

RECEIVED
MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 238

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

1. PLACE OF DEATH: COUNTY PR GEO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELTSVILLE | LENGTH OF STAY (in this place) 16 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4506 POWDER MILL ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY PR GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELTSVILLE
STREET ADDRESS (If rural, give location) 4506 - POWDER MILL ROAD

3. NAME OF DECEASED (Type or Print): (First) EUNICE (Middle) MARIE (BOTELER) (Last) JACKSON
4. DATE OF DEATH: (Month) MAY (Day) 2nd (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 3RD 1907
9. AGE last birthday: 46 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): BELTSVILLE, MD
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ALBERT FRANCIS BOTELER
14. MOTHER'S MAIDEN NAME: ELIZABETH VICK MORSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: THOMAS JACKSON - 4506 POWDER MILL RD BELTSVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Cervix — Interval between onset and death: 6 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) With Generalized Metastases
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Uterovag. Fistula — 4 Mos.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1943 to 5/2, 1953 that I last saw the deceased alive on 5/2, 1953, and that death occurred at 12 P.M., from the causes and on the date stated above.

SIGNATURE: J. W. Warren (Degree or title) MD — ADDRESS: Laurel Md — DATE SIGNED: 5/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: MAY 5/53 | NAME OF CEMETERY OR CREMATORY: FORT LINCOLN CEM | LOCATION (City, town, or county) (State): COLMAR MANOR, PR. GEO MD

DATE REC'D BY LOCAL REG.: May 4-1953 | REGISTRAR'S SIGNATURE: John D. Smith

24. FUNERAL DIRECTOR: W. W. CHAMBERS CO — ADDRESS: RIVERDALE, MD

RECEIVED
MAY 6 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT RANIER
LENGTH OF STAY (in this place) 15 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4411-30th. STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. RAINIER
STREET ADDRESS (If rural, give location) 4411-30th. STREET

3. NAME OF DECEASED (Type or Print) (First) LANA (Middle) MARGARET (Last) JEFFRIES
4. DATE OF DEATH (Month) MAY (Day) 12 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH DEC. 20-1913
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) UNIONTOWN MD.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME EPHRIAM BOWERSOX
14. MOTHER'S MAIDEN NAME MAY DAVIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS 4301-VAN BUREN ST THOMAS B. RICKER, UNIVERSITY PARK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

+43X Immediate cause (a) Cerebral Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1949, to 5-13, 1953, that I last saw the deceased alive on 5-10, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Hyattsville, Md DATE SIGNED 5-13-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 5/15/1953
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEM.
LOCATION (City, town, or county) COLMAR MANOR, PR. GEO. (State) MD.

DATE REC'D BY LOCAL REG. May 14, 1913
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR W.W. CHAMBERS CO. ADDRESS 5801-CLEVELAND AVE RIVERDALE MD.

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 35301

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Langham; STREET ADDRESS (If rural give location) Ardwick Rd

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) M (Last) Jeff

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (M)

8. DATE OF BIRTH: 9-10-1911

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): H. W

10b. KIND OF BUSINESS OR INDUSTRY: Virginia

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: ?

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Brain tumor (Glioblastoma multiforme) DUE TO — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953 to May 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 1:25 P.M. from the causes and on the date stated above.

SIGNATURE Harry N. Ammerman (Degree or title) M.D. ADDRESS Wash, D.C. 1025 I. St N.W. DATE SIGNED May 27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-29-53 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery — LOCATION (City, town, or county) (State) Brentwood Md.

DATE REC'D BY LOCAL REGISTRAR 5/27/53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR The D. H. Hines Co ADDRESS 2401 14th St. N.W. Washington, D.C.

RECEIVED
JUN 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05302 242

Reg. Diat. No. 369

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45 15M

1. PLACE OF DEATH:
County Prince George
City or town Chapel Oaks, Maryland — (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 months
Hospital, Institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Prince George
City or town Chapel Oaks (If outside city or town limits, write RURAL and give nearest town)
Street No. 1434-58th Ave N.E. (If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME Rachel Johnson
3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Negro	widow

6.(b) Name of husband or wife Jim Johnson 6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 20 1886

8. AGE: 67 years | Months | Days | If less than one day: hrs. min.

9. Birthplace Gordon Wilkerson, Georgia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER — 12. Name Jeff Rivers
13. Birthplace Gordon, Georgia

MOTHER — 14. Maiden name Ruth ?
15. Birthplace Gordon Georgia

16. Informant Mrs Tauka Polk
Address 1434-58th Ave NE

17. BURIAL (Burial, cremation, or removal Which?) Date thereof 5-10-1953 (month) (day) (year)
Cemetery or crematory Church
Location Gordon Georgia

18 Funeral director John T. Rhines & Co.
Address 904-Third St. S.W., Wash, D.C.

19. May 8 1953 (Date rec'd by registrar) Amanda Downey Reg'strar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1953 at 3 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/6 1953 to 5/8 1953 and that I last saw h.r alive on 4/23/53 1953

Immediate cause of death	DURATION
Coronary Occlusion	??
Due to Coronary Sclerosis	??
Due to	
Other conditions Hypertensive Cardio-Vascular Disease, mumps: (Include pregnancy within 3 months of death) 420.1	?? 8 days

Major findings of operations — Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE R. Hart R. Nelson, M.D. M. D. or other
Address 412 Grant St. NE D.C. Date signed 5/8/53

Dr. Maloney
Contacted
at 3:2 pm

05303

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL, RFD 1.
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS E BOND MILL Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M. COUNTY PRINCE GEORGES.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL RFD 1
STREET ADDRESS (If rural, give location) E BOND MILL Rd.

3. NAME OF DECEASED: (Type or Print) (First) WAYNE (Middle) MEREDITH (Last) KINCAID

4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 1953.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 20, 1949

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WM. H. KINCAID

14. MOTHER'S MAIDEN NAME: LORRAINE PARKMAN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: E BOND MILL Rd. WM H KINCAID, LAUREL RFD 1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 754.1

Immediate cause (a) Chr Nephritis - Endocarditis

DUE TO

Antecedent cause(s) (b) Congenital Heart (Ductus arteriosus

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO Patent - Mental Deficiency -

(c)

INTERVAL BETWEEN ONSET AND DEATH: Life

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1953, to 5/19, 1952, that I last saw the deceased alive on 5/19, 1952, and that death occurred at 8.9 m., from the causes and on the date stated above.

SIGNATURE N B Leonard (DEGREE OR TITLE) ADDRESS 314 Congress ave Laurel Md DATE SIGNED 5/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 21, 1953

NAME OF CEMETERY OR CREMATORY UNION CEMETERY

LOCATION (City, town, or county) (State) BURTONSVILLE, MONTG Co. Md.

DATE REC'D BY LOCAL REG. May 22 53

REGISTRAR'S SIGNATURE M. Brushears

24. FUNERAL DIRECTOR [signature] ADDRESS 254 CARROLL ST NW Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

1

MAY 25 1953
BUREAU V. S.

05304

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HILLSIDE MD
LENGTH OF STAY (in this place): 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillside
STREET ADDRESS (If rural, give location): 5118 M. Street

3. NAME OF DECEASED (Type or Print) (First) LAURA (Middle) FRANCES (Last) LAGANA
4. DATE OF DEATH (Month) MAY (Day) 26 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY 5 - 1904
9. AGE last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAITRESS
10b. KIND OF BUSINESS OR INDUSTRY: REST. WORK.
11. BIRTHPLACE (State or foreign country): HARRISBURG VA.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: WADE H Wood.
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war, or dates of service): NO.
16. SOCIAL SECURITY No.: 579-03-3350
17. INFORMANT: Salvatore Lagana Husband 5118 M St. Hillside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X Immediate cause (a) Carcenoma left breast with metastase 2 — INTERVAL BETWEEN ONSET AND DEATH: 30 MO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — none

19a. DATE OF OPERATION: Jan 23 1952
19b. MAJOR FINDINGS OF OPERATION: Carcenoma left breast with axillary metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1951, to May 26, 1953 that I last saw the deceased alive on May 25, 1953, and that death occurred at 4 45 A.m., from the causes and on the date stated above.

SIGNATURE: Paul C Van Benten MD (Degree or title) ADDRESS: Washington 2 DC DATE SIGNED: May 26 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6/28/53
NAME OF CEMETERY OR CREMATORY: Woodbine
LOCATION (City, town, or county) (State): Harrisonburg Va
DATE REC'D BY LOCAL REG.: May 26-53
REGISTRAR'S SIGNATURE: Carrie F. Campbell
24. FUNERAL DIRECTOR: W. W. Chambers Co. ADDRESS: 517 11th St S.E. Dc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 (T)

RECEIVED
MAY 23 19
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
LENGTH OF STAY (In this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3901-Bladensburg Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.C.
STREET ADDRESS (If rural, give location) 1338 - 13th St. N.W. 17 yrs

3. NAME OF DECEASED (Type or Print) (First) Enoch (Middle) Arden (Last) Leppard
4. DATE OF DEATH (Month) 5 (Day) 21 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 16 June 1911
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY Davis Restaurant
11. BIRTHPLACE (State or foreign country) Fayetteville N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Eddie Leppard
14. MOTHER'S MAIDEN NAME Anna Hines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion

(c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney (Degree or title) M.D. ADDRESS Dep. Med. Exam. Hyattsville Md DATE SIGNED 5-21-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5-21-53 NAME OF CEMETERY OR CREMATORY H.S. Washington Fun. Home LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 5/21/53 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR H.S. Washington & Sons ADDRESS 467 N. St. Washington D.C. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1A

1

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MAY 27

Item 7 FilmG154 6/8/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place) 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801 42nd Ave Hyattsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 10020 Dallas Ave.
STREET ADDRESS (If rural, give location) Silver Springs, Md

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) ~~Edward~~ M. (Last) Lewis
4. DATE OF DEATH: (Month) 5- (Day) 31- (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 5-22-1877 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouse Superintendent
10b. KIND OF BUSINESS OR INDUSTRY: Furniture
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Lewis
14. MOTHER'S MAIDEN NAME: Marion Loveless

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Charles E. Lewis 10020 Dallas Ave S.S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
44-X Immediate cause (a) Congestive Heart Failure	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart disease	8 yrs.
(26-X) (c) Essential Hypertension	18 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus and arteriosclerosis	15 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ..., 1947, to June 1, 1953, that I last saw the deceased alive on May 29, 1953 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Samuel M. Bageant MD 5600 N.H. Ave. Washington, DC.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 3 1953 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) Suitland | (State) Maryland

DATE REC'D BY LOCAL REG. May 4 1953 | REGISTRAR'S SIGNATURE Mrs Jas Darnell Deputy Reg | 24. FUNERAL DIRECTOR Deal Funeral Home | ADDRESS 4812 Ga. Ave. Ward, D.C.

RECEIVED
JUN 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0521

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Md
LENGTH OF STAY (in this place) 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) 106 H Montgomery St

3. NAME OF DECEASED: (Type or Print) (First) Carley (Middle) Vernon (Last) Lowther
4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Married
8. DATE OF BIRTH: Jan 14 - 1918
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): Plant Purchasing Dept. Cap. Co.
10b. KIND OF BUSINESS OR INDUSTRY: Cap. Co.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jessie Vernon Lowther
14. MOTHER'S MAIDEN NAME: Georgia Fivelson Mahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 (If Yes, give war or dates of service) Yes
16. SOCIAL SECURITY No.: 3
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

462.1

Immediate cause (a) Hemorrhage, Shock, Renal & Heart failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Esophageal Varies DUE TO

(c)

Interval Between Onset And Death: 5 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-10-53
19b. MAJOR FINDINGS OF OPERATION: Esophageal Varies
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7, 1953 to 5-12, 1953, that I last saw the deceased alive on 5-12, 19 ....., and that death occurred at 11 30 from the causes and on the date stated above.

SIGNATURE (Degree or title) Rowland F. Wilkinson MD
ADDRESS 4404 Queensbury Rd
DATE SIGNED Riverdale 5-13

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial
DATE THEREOF May 16, 1953
NAME OF CEMETERY OR CREMATORY Beverly Hills Cemetery
LOCATION (City, town, or county) Morgantown, (State) W. Va.
DATE REC'D BY LOCAL REGISTRAR May 16 - 53
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR De Witt Donaldson
ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 053073

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3200 Kenilworth Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural give location) Vincents Trailor Comp. 3200 Kennelworth ave

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) Fletcher (Last) LUDWIG

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: unknown
9. AGE last birthday: 56? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Southern Oxygen
10b. KIND OF BUSINESS OR INDUSTRY: Oxygen Co
11. BIRTHPLACE (State or foreign country): Edinburgh, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther A. Ludwig
14. MOTHER'S MAIDEN NAME: Emma Jordan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY No.: 227-22-2436
17. INFORMANT & ADDRESS: Hunter Ludwig, Edinburgh, Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

464X
Immediate cause (a) Pulmonary Embolus — Interval Between Onset And Death: Instant.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombo Phlebitis — 6 mo.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, to 5-28, 1953 that I last saw the deceased alive on 5-28, 1953, and that death occurred at 6 30 AM, from the causes and on the date stated above.

SIGNATURE Dayton O Watkins (Degree or title) MD ADDRESS 5304 Annapolis Rd Bladensburg Md DATE SIGNED 5-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/1/53
NAME OF CEMETERY OR CREMATORY Zion Lutheran Cemetery
LOCATION (City, town, or county) (State) Edinburg, Va
DATE REC'D BY LOCAL REGISTRAR 6/1/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's Sons ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55308

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 680 S Dartmouth Ave

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) S (Last) Lutz

4. DATE OF DEATH: (Month) May (Day) 21, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 21 Mar 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Chief Inspect
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver Lutz
14. MOTHER'S MAIDEN NAME: Lucinda Bonser

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Renal failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute Intestinal obstruction with shock

DUE TO

(c) Carcinoma of the descending Colon

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/18/53
19b. MAJOR FINDINGS OF OPERATION: Acute Intestinal obstruction - Ca. desc. Colon
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17, 1953, to 5-21, 1953, that I last saw the deceased alive on 5-20, 1953, and that death occurred at 12 45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William B. Hagan M.D. ADDRESS 3303 Perry St. Mt Rainier DATE SIGNED 5-21-53

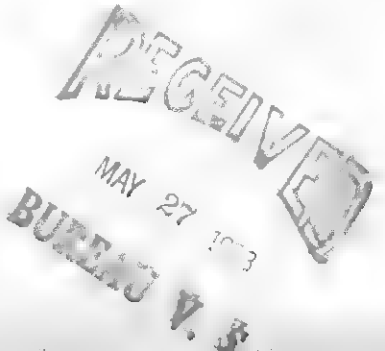
23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/23/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland Md (State)
DATE REC'D BY LOCAL REGISTRAR 5/22/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha sons Hyattsville Md ADDRESS

2+2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

93309

CERTIFICATE OF DEATH

Reg. Dist. No. 7 k

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 23 DC
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Porter Ave., S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dupont Heights Md.
STREET ADDRESS (If rural, give location) Washington 23 D.C.

3. NAME OF DECEASED (Type or Print): (First) "Annie" (Middle) Ann (Last) Lynn
4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 15, 1875
9. AGE last birthday: 78 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lafayette Gantt
14. MOTHER'S MAIDEN NAME: Jane ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Laura Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last	(b) General Arteriosclerosis	unknown
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20, 1945 to May 25, 1953, that I last saw the deceased alive on May 23, 1953, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul C. VanHatt — ADDRESS: 5440 Silver Hill Rd., S.E. Washington 28, D.C. — DATE SIGNED: May 25, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/28/53
NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: May 28 1953
REGISTRAR'S SIGNATURE: Cassie Saunders
24. FUNERAL DIRECTOR: Rollins Funeral Home
ADDRESS: 4339 Hunt

RECEIVED
JUN 1 1953
BUREAU V. S.

Mrs Laura Hall
4750

Sunflund Rd.
Jordan 99003

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9096 Baltimore Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pa. COUNTY: Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsburgh (27)
STREET ADDRESS (If rural, give location): 1330 Prospect Road

3. NAME OF DECEASED: (Type or Print) (First) Warren (Middle) R. (Last) Maley

4. DATE OF DEATH: (Month) 5 (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 19, 1907

9. AGE last birthday: 45 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teaching

10b. KIND OF BUSINESS OR INDUSTRY: for public schools

11. BIRTHPLACE (State or foreign country): Hastings, Pa.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Edward J. Maley

14. MOTHER'S MAIDEN NAME: Agnes Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — **(If Yes, give war or dates of service)**

16. SOCIAL SECURITY NO.: 209033045

17. INFORMANT & ADDRESS: Mildred E. Maley (wife) - Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hypertension - Brain Hemorrhage	1 D.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension	5 yrs
DUE TO		
	(c) Nephritis	1 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY** — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12-53 to 5-25-53, that I last saw the deceased alive on 5-28-53, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

E. M. Warren M.D. Laurel Md. 5/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — **DATE THEREOF** 5/29/53 — **NAME OF CEMETERY OR CREMATORY** Brownsville Road — **LOCATION (City, town, or county) (State)** Pittsburgh, Pa.

DATE REC'D BY LOCAL REG. 5/29/53 — **REGISTRAR'S SIGNATURE** Amanda Downey — **24. FUNERAL DIRECTOR** F. Gaschi Sons — **ADDRESS** Wyattsville Md.

June 3 1963 Jayne Devey

VS. A18

RECEIVED
JUN 5 1953
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5501 - 42 ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural give location) 5501 - 42 ave

3. NAME OF DECEASED: (Type or Print) (First) PATRICK (Middle) JOHN (Last) MALONEY

4. DATE OF DEATH (Month) May (Day) 11, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5/14/1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Federal employee

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Maloney

14. MOTHER'S MAIDEN NAME: Mary Ann Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Camille B Maloney Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 x

Immediate cause (a) Hypertensive Heart Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arteriosclerosis.

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1950, to 5-11, 1953, that I last saw the deceased alive on 5-10, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE A Deetz MD (Degree or title) ADDRESS Hyattsville, Md DATE SIGNED 5-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) transportation DATE THEREOF 5/12/53 NAME OF CEMETERY OR CREMATORY Columbia City LOCATION (City, town, or county) Indiana (State)

DATE REC'D BY LOCAL REGISTRAR May 12 1953 REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local

24. FUNERAL DIRECTOR F Gaska Sons Hyattsville Md ADDRESS

RECEIVED
MAY 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05312

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) Prince George Gen Hosp

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) (Last) Merson

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 29 April 1953
9. AGE last birthday: 9 days yrs. IF UNDER 1 YEAR Months Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ronald W. Merson
14. MOTHER'S MAIDEN NAME: Delores L May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Ronald W. Merson, 9600 Baltimore Blvd., College Park, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
760.0 Immediate cause	(a) Cerebral hemorrhage	9	~~10~~ days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) ~~Bro~~ Birth injury	9	~~10~~ days
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1953, to 5-8, 1953, that I last saw the deceased alive on 5-7, 1953, and that death occurred at 3:05 A.m., from the causes and on the date stated above.

SIGNATURE Hans Wodak (DEGREE OR TITLE) M.D. ADDRESS 30-C Bridge Rd Greenbelt, Md DATE SIGNED 5-8-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/10/53
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. 5/12/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Warner E. Tumparey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

2043152282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5 S

MAY 14 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
LENGTH OF STAY (In this place) 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3718 Parkwood St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 3718 Parkwood St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	ALOYSIUS	MIDDLETON	MAY	5	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	MARRIED	4/20/1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LUMBERMAN	LUMBER	WASHINGTON D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN F. MIDDLETON	MARGARET RUSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
YES	1898	216-10-7135A	ELINOR JACKSON	3520-OLIVER ST HYATTSVILLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) UREMIA	1 MONTH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO VASCULAR RENAL DISEASE	1 YEAR
	(c)	

44 x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PAPILLOMATA OF BLADDER. — 1 YEAR

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 15, 1952, to 5/5, 1953, that I last saw the deceased alive on 5/5, 1953, and that death occurred at 9:50 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel J. Sugar	M.D.	4300 Kaywood Dr. Mt Rainier Md	5/5/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/7/1953	Fort Lincoln Cemetery	Colmar Manor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-6-1953	Amanda Woody	Talley's Funeral Home	3200-R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): 9 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenarden
STREET ADDRESS (If rural, give location): Reed St.

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) O (Last) Miller
4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Mar. 25, 1934
9. AGE last birthday: 19 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Inman, S. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lee Miller
14. MOTHER'S MAIDEN NAME: Ruth Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Clarence Ellis 900 - 21st N.E. Wash. D.C. Uncle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral laceration & concussion
(c) Fracture of base of skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: street
(CITY OR TOWN): Chapel Oaks (COUNTY): Pr. Geo. (STATE): Md.
TIME OF INJURY: (Month) May (Day) 30 (Year) 1953 (Hour) 5:30 p.m.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR? Passenger in Convertible in Collision with Side End of Parked Truck

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X] Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X] suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE: John J. Maloney (Degree or title): M.D. ADDRESS: Dep. Med. Exam. Hyattsville, Md. DATE SIGNED: 5-30-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/30/53 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 5/30/53 — REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Henry J. Washington & Sons — ADDRESS: 467 N st NW Wash DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
JUN 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00315

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Pr. George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 2yrs - 8mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location) 1401 Hemlock St - N.W.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Eugene (Last) Miller, Sr
4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 6-1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Auto Supply Business
11. BIRTHPLACE (State or foreign country): Elmira, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Eugene
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: Hospital Record -

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 3 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General arteriosclerosis — 3 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1950, to May 4, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 6 45 pm., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale Md DATE SIGNED 5-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/7/53
NAME OF CEMETERY OR CREMATORY Rock Creek Cem
LOCATION (City, town, or county) (State) Wash D C
DATE REC'D BY LOCAL REGISTRAR May 4 1953
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR W P Huntsman & Son
ADDRESS 5732 Ga Ave Wash D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 65316

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp. —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md. —
STREET ADDRESS (If rural give location) 5033 - 37th Place

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) Matthew (Last) Monar
4. DATE OF DEATH: (Month) May (Day) 29, (Year) 19 53

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept. 14, 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 8 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jerome B. Monar
14. MOTHER'S MAIDEN NAME: Lucille F. Knaggs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
49. X
Immediate cause (a) Possible Toxemia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pneumonitis
DUE TO
(c)

Interval Between Onset And Death: 2 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1953, to May 29, 1953 that I last saw the deceased alive on May 29, 1953 and that death occurred at 9:45 A.M. from the causes and on the date stated above.
SIGNATURE John W. Perkins (Degree or title) MD ADDRESS 5301 Hamilton St. Hyattsville, Md. DATE SIGNED 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/2/1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington (State) Va.
DATE REC'D BY LOCAL REGISTRAR 6/1/1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.
F. Gasch's Sons

9V9299V99V

Permit # 3727

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrestville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrestville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown Station Road.	STREET ADDRESS (If rural, give location) Brown Station Road.

3. NAME OF DECEASED (Type or Print): (First) HATTIE (Middle) AMELIA (Last) MOORE

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 9, 1880

9. AGE last birthday: 72 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Forrestville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonathan Ridgeway.

14. MOTHER'S MAIDEN NAME: Alice Rebecca Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Miss Moore, Brown Station Rd, Forrestville RFD #1 Marlboro.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Hypertensive Coronary Heart — 20 years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 1951, to 5/15, 1953, that I last saw the deceased alive on 5/15, 1953, and that death occurred at 1 15 A m., from the causes and on the date stated above.

SIGNATURE: William Brainin (Degree or title) Md — ADDRESS: 614 Central Ave, Capitol Hgts Md. — DATE SIGNED: 5/15/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/18/53 — NAME OF CEMETERY OR CREMATORY: Epiphany Cemetery — LOCATION (City, town, or county) (State): Forestville, Maryland

DATE REC'D BY LOCAL REG.: May 16 53 — REGISTRAR'S SIGNATURE: Edna F. Ellis

24. FUNERAL DIRECTOR: Ritchie Brothers — ADDRESS: Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

MAY 25 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05318

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 9 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS MOTHER JONES REST HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash COUNTY DC
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) RIGGS ROAD & FRANKLIN AVE

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) MAY (Last) NETTLETON

4. DATE OF DEATH: (Month) MAY (Day) 12 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W, Dowed

8. DATE OF BIRTH: 11/8/1868

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DAVID QUACKENBUSH

14. MOTHER'S MAIDEN NAME: ESTHER BURGESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
120.1 Immediate cause	(a) Coronary Occlusion	1 Day
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — ?

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to 12 May, 1953, that I last saw the deceased alive on 8 May, 1953, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William D. Aud MD — ADDRESS Silver Spring Md — DATE SIGNED 12 May 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/13/53 — NAME OF CEMETERY OR CREMATORY Eaton — LOCATION (City, town, or county) Eaton (State) Colorado.

DATE REC'D BY LOCAL REG. May 12 1953 — REGISTRAR'S SIGNATURE Jane Devey

24. FUNERAL DIRECTOR W. W. Chambers Co. — ADDRESS 517 11th St NW

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 236

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Geo. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colman Manor
STREET ADDRESS (If rural, give location) 4203 - Monroe Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Paton

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 14 Jan. 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sup. Laundry
10b. KIND OF BUSINESS OR INDUSTRY: Carters Laundry
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? Scot

13. FATHER'S NAME: Alexander Paton
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No No
16. SOCIAL SECURITY No.: 577-05-2942
17. INFORMANT & ADDRESS: Elizabeth Paton Wife Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 163X
Immediate cause (a) Carcinoma of lung with brain metastasis
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1953, to 5-4, 1953, that I last saw the deceased alive on 5-3, 1953, and that death occurred at 4:35 Am., from the causes and on the date stated above.

SIGNATURE R. N. Bauer (DEGREE OR TITLE) M.D. ADDRESS Hyattsville, Md. DATE SIGNED 5-4-53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF 5/6/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 5/5/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaddis Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

MAY 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05320

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4002 Queensbury Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md Prince Georges COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md
STREET ADDRESS (If rural give location) 4002 Queensbury Rd

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) HAYWOOD (Last) PATTERSON

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 3/15/1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Norfolk Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Dolphin weber Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) Bronchogenic Carcinoma DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4, 1942, to 5-1, 1953, that I last saw the deceased alive on 5-1, 1953, and that death occurred at 10:48 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Peetz M.D. ADDRESS Hyattsville Md DATE SIGNED 5-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 4/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR May 4 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR F. Gasche sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

65321

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) #1-61st Avenue

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Connie (Last) Perry

4. DATE OF DEATH: (Month) 5 (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 8-22-08

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Chevy Motors

11. BIRTHPLACE (State or foreign country): Lewisburg, N. C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Strickland Perry

14. MOTHER'S MAIDEN NAME: Emma Medlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Willie Perry - Brother 1-61st Ave Capitol Hgts Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

814X **Immediate cause** (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of base of skull

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Landover Md. (COUNTY) B. Sea. (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 3 (Year) 53. (Hour) P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collision between 2 automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John D. Maloney M.D. Deputy Coroner — ADDRESS Upper Marlboro Md. — DATE SIGNED 5-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 6, 1953 — NAME OF CEMETERY OR CREMATORY Washington National — LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. 5/5/53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Lasche & Sons — ADDRESS Hyattsville Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05322

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 10 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6804 Greig St
STREET ADDRESS (If rural give location) Seat Pleasant

3. NAME OF DECEASED: (Type or Print) (First) BERNARD (Middle) (Last) PRESSLEY

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 20 Sept 1951
9. AGE last birthday: 1 1/2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington D.C
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bernard C. Pressley
14. MOTHER'S MAIDEN NAME: Janet C. Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No: none
17. INFORMANT & ADDRESS: Bernard C. Pressley (Father) 6804 Greig St Seat Pleasant Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.0

Immediate cause (a) Hemophilus Meningitis — Interval Between Onset And Death 12 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1953, to 5/22, 1953, that I last saw the deceased alive on 5/22, 1953, and that death occurred at 5:30 AM, from the causes and on the date stated above.

SIGNATURE William Brannin (Degree or title) MD ADDRESS 6124 Central Ave, Capitol Hgts Md DATE SIGNED 5/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/25/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR May 23, 1953
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St SE DC

RECEIVED
MAY 27 1953
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kings Park Inn	STREET ADDRESS (If rural, give location) 51 Dwall Street

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Habney	(Last) Rice	4. DATE OF DEATH	(Month) 5 (Day) 14 (Year) 195[illegible]
5. SEX male	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]	8. DATE OF BIRTH [illegible] 1904	9. AGE last birthday 4 yrs.	If under 1 year: Months / Days; If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible]	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? [illegible]		
13. FATHER'S NAME [illegible]		14. MOTHER'S MAIDEN NAME [illegible]			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]	16. SOCIAL SECURITY NO. 579-07-3549	17. INFORMANT AND ADDRESS [illegible]			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Vascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Boyd M.D. (Degree or title) ADDRESS Forestville Md DATE SIGNED 5 12 53

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF 5/15/53	NAME OF CEMETERY OR CREMATORY Arlington Natl	LOCATION (City, town, or county) Arlington (State) Va.
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR W. W. Chambers Co.	ADDRESS 517 [illegible] SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13A

MAY 14 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05321

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md.
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sea brook, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) (Last) Rathman

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 19 53

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 22, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: in own home
11. BIRTHPLACE (State or foreign country): Hamburg, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Margaret A. McClelland Seabrook Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
260X Immediate cause	(a) acute cardiac failure	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Diabetes mellitus	2 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1951 to 5/11, 1953, that I last saw the deceased alive on 5/11, 1953, and that death occurred at 6:35 P.M., from the causes and on the date stated above.

SIGNATURE Frederick E. Muser (DEGREE OR TITLE) MD ADDRESS 7408 Varnum St. DATE SIGNED 5/11/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/15/53
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Colmar Manor, Md. (State)

DATE REC'D BY LOCAL REG. 5/15/19/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley's Funeral Home Inc. ADDRESS 3200-R. I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-10

RECEIVED
MAY 21 1953

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05325

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY ~~Calvert Co.~~ Pr. Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco, Md. LENGTH OF STAY (in this place) 89 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aquasco Md. (Home)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) Ann (Last) Reeder

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1953

5. SEX Female

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 1864

9. AGE last birthday 89 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Aquasco, Pr. Georges Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS George Reeder Aquasco, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident

Antecedent cause(s) (b) Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE George Hm Reeder (Degree or title) Md ADDRESS Aquasco DATE SIGNED 5/21/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE May 23/953

NAME OF CEMETERY OR CREMATORY St. Philips Cemetery

LOCATION (City, town, or county) (State) Aquasco, Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REG. May 23/53

REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Leroy Berry Hunting Town, Md. ADDRESS

Permission granted by Coroner (Wm Vanhatte) to issue certificate

May 27, '53 F. H. Billingsley Reg.

RECEIVED
MAY 29 1953
BUREAU V.

05326

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:
COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Upper Marlboro
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL- Upper Marlboro, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wesley (Last) Robey

4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 1953.

5. SEX: Male.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 5, 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Wesley Robey, Sr.
14. MOTHER'S MAIDEN NAME: Mary Rebecca Greer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Edward V. Dorsey- Upper Marlboro, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) Cachexia	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis, generalized severe	15 yrs
	DUE TO (c) Chr cardiac failure	2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatism — Unk

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1947, to 29 May, 1953, that I last saw the deceased alive on 22 May, 1953, and that death occurred at 7 30 A.m., from the causes and on the date stated above.

SIGNATURE R B Passer M D (DEGREE OR TITLE) M D ADDRESS Upper Marlboro Md DATE SIGNED 29 May 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/1/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Maryland.
DATE REC'D BY LOCAL REG. May 29 1953
REGISTRAR'S SIGNATURE John F. Danner.
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 116 8

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RECEIVED
JUN 2 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 85327

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg
STREET ADDRESS (If rural give location) 5362 Quincy Pl.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Rodgers
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 8-17-97
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Stedman Fire Co.
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: X
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hosp Records Chev.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 JX

Immediate cause (a) Interval Hemorrhage — Interval Between Onset And Death: 2 day

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cancer of Esophagus - Advanced. — 2 year.

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to May 18, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 10:00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) James H Scully MD
ADDRESS 1835 Eye St N.W. Wodgton D.C.
DATE SIGNED May 19 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 5/19/53
NAME OF CEMETERY OR CREMATORY Harrisburg 1
LOCATION (City, town, or county) (State) Harrisburg Pa.
DATE REC'D BY LOCAL REGISTRAR 5/19/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasche Sons Hyattsville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

1

RECEIVED
MAY 22 1953
BUREAU

05328

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gov. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) H. (Last) Savercool

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 25 May 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Brick Mason Retired

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Savercool

14. MOTHER'S MAIDEN NAME: Minnie Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 212 12 7787

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO Myocardial infarction

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12, 1953, to 5-18, 1953 that I last saw the deceased alive on 5-18, 1953 and that death occurred at 2:15 P.M. from the causes and on the date stated above.

SIGNATURE John P. Clum (Degree or title) M.D. ADDRESS Hyattsville Md DATE SIGNED 5-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 20 May 1953 NAME OF CEMETERY OR CREMATORY Evergreen Cemetery LOCATION (City, town, or county) (State) Bladensburg, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/19/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland

F. Gasch's Sons

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 21 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4610 Knox Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4610 Knox Rd

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) RUSSELL (Last) SEARS

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5/27/1860
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired artist designing
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Cyrus Sears
14. MOTHER'S MAIDEN NAME Martha R. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible]) none
16. SOCIAL SECURITY No.
17. INFORMANT Alice R. Baker College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Chronic Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1953, to May 25, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 6:15 A.m. from the causes and on the date stated above.

SIGNATURE C. L. Etienne (Degree or title) M.D. ADDRESS WOLCOTT L. ETIENNE, M.D. 4713 BERWYN ROAD COLLEGE PARK, MD. DATE SIGNED 5/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 5/26/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. May 26 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR F. Gasche Sons, Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05330

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7104 - Allison St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural give location) 7104 - Allison St.

3. NAME OF DECEASED: (Type or Print) (First) RUDOLPH (Middle) FRANCIS (Last) SGAMBELLA
4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 9/5/1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Checker
10b. KIND OF BUSINESS OR INDUSTRY: Roma Rest.
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Sgambella
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-05-6453
17. INFORMANT & ADDRESS: Minnie Sgambella (wife) Same as above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease — 15 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma — 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1950, to 5/31, 1953, that I last saw the deceased alive on 5/27, 1953, and that death occurred at 5:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) F. Musser M.D. ADDRESS 7409 Varnum St. DATE SIGNED 5/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/2/1953
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR 6-1st 1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley's Funeral Home ADDRESS 3300 R. I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1953
BUREAU V. S.

Item 21 Film G154 6-1-53 SM

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmody Hills,
STREET ADDRESS (If rural, give location) 500--76th Street,

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) MARIE (Last) SHERZEY
4. DATE OF DEATH: (Month) May (Day) 19th, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Oct. 1856
9. AGE last birthday: 96 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Crowpoch
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: William B. Sherzey, 500--76th Street, Carmody Hills, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4>4.0
Immediate cause (a) Exhaustion
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypostatic pneumonia
(c) Fracture of femur

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility - Cachexia - multiple decubitus ulcers - dehydration

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Carmody Hills | (COUNTY) Pr. Geo. | (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-25-53 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fall at her home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Cheverly, Maryland 5-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 22, 1953 | NAME OF CEMETERY OR CREMATORY Washington Nat'l Cem. | LOCATION (City, town, or county) (State) Suitland, Pr. Geo., Md.
DATE REC'D BY LOCAL REG. 5/20/53 | REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co. 517--11th Street, S.E. Washington, D.C.

MAY 27 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (533243

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: X 4
STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1216 18th St., N. E.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) (Last) SIMPSON

4. DATE OF DEATH: (Month) MAY (Day) 15th (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Separated

8. DATE OF BIRTH: 7/29/92

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fish Market Operator

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Bladen, N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Simpson

14. MOTHER'S MAIDEN NAME: Mettie Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 8/1917 to 3/3/19

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
002X
Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 years
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
260X
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 12 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15th, 1953, to May 15th, 1953, that I last saw the deceased alive on May 15th, 1953, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Duncan (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 5/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) to Washington 5/16/53 — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Warrenton N.C.

DATE REC'D BY LOCAL REG. 5/16/53 — REGISTRAR'S SIGNATURE Mal Weir

24. FUNERAL DIRECTOR J. Lat Thomas ADDRESS VCO · 901-3rd St Wash, D.C.

RECEIVED
MAY 22 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; MARYLAND; LENGTH OF STAY (in this place) 17 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — Pr. Georges COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie; STREET ADDRESS (If rural, give location) 4th and Chestnut

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Smith (Last) alias Clarence Queen

4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-13-25

9. AGE last birthday: 27 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Race track

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Stephen Queen

14. MOTHER'S MAIDEN NAME: (married to) Mary Agnes Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. World War 2

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Theodore Smith - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E16.X

Immediate cause (a) Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral concussion & multiple fractures

(c) Automobile accident.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street (CITY OR TOWN) Bowie (COUNTY) Pr. Geo (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) 5-25-53 (Hour) 12:55 A m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Collision between 2 automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney - Deputy Medical Examiner - Cheverly Md 5-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation; DATE THEREOF 5/26/53; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State): 401-3rd St. N.W. John J. Rhine & Co.

DATE REC'D BY LOCAL REG. 5/26/53; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR: John J. Rhine & Co. ADDRESS: 401 3rd St. N.W. Washington D.C.

VS. A-4

MAY 29 1953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

75334

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Pk.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5021 Lakeland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo's.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park,; STREET ADDRESS (If rural, give location) 5021 Lakeland Road,

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) L. (Last) Spriggs

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1953

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)

8. DATE OF BIRTH: May 21, 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Md. University

11. BIRTHPLACE (State or foreign country): Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Green

14. MOTHER'S MAIDEN NAME: Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Katherine Brown 4621 E. Capt. St. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

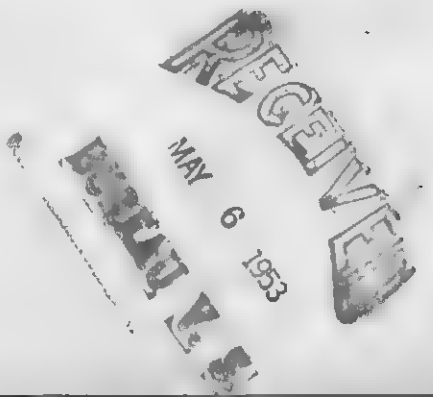
22. I hereby certify that I attended the deceased from March, 1951, to May, 1953, that I last saw the deceased alive on April 25, 1953, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. ADDRESS College Park, Md. DATE SIGNED 5-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5-3-53 | NAME OF CEMETERY OR CREMATORY Queens Chapel Cemetery | LOCATION (City, town, or county) Maurkirk (State) Md.

DATE REC'D BY LOCAL REG. May 2nd 1953 | REGISTRAR'S SIGNATURE Elizabeth Downey John L. Smith

24. FUNERAL DIRECTOR H. S. Washington & Son | ADDRESS 467 N St NE Wash. DC


RECEIVED
MAY 6 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3910 - 10th Street, N.E.

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) Caroline (Last) Javel
4. DATE OF DEATH (Month) 5 (Day) 18 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 8, 1893
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Gen Acct. Off.
11. BIRTHPLACE (State or foreign country) south Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry O. Hinson
14. MOTHER'S MAIDEN NAME Kate Matthews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS John Hinson sr Nashville Tenn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney M.D. Dep. Med. Exam. Hyattsville Md.

23. BURIAL, CREMATION REMOVAL (Specify) transportation
DATE THEREOF 5/21/53
NAME OF CEMETERY OR CREMATORY Nashville
LOCATION (City, town, or county) (State) Tennessee
DATE REC'D BY LOCAL REG. May 20, 1953
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Gascha sons Hyattsville Md (ADDRESS)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

RECEIVED
MAY 25 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4713 Wells Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4713 Wells Parkway

3. NAME OF DECEASED (Type or Print) (First) Zona (Middle) Jane (Farmer) (Last) Taylor

4. DATE OF DEATH (Month) May (Day) 1st (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 1/1878
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Jefferson County, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME James Lawrence Farmer
14. MOTHER'S MAIDEN NAME Miranda Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Helen Ponton — 109½ — 2nd St. Edwardsville, Ill.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Terminal Pneumonia	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	1 month
	(c) Arterio-sclerotic C-V Disease	several years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE David S. Clayman (Degree or title) M.D. ADDRESS 6311 Balto Ave. Riverdale, Md DATE SIGNED 5/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 2/1953
NAME OF CEMETERY OR CREMATORY Masonic & Odd Fellows Com.
LOCATION (City, town, or county) (State) Benton, Illinois

DATE REC'D BY LOCAL REG. May 1, 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Severe
24. FUNERAL DIRECTOR W. W. Chambers Co — ADDRESS Riverdale, Md

RECEIVED
MAY. 4 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05337

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarden
LENGTH OF STAY (In this place) 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarden
STREET ADDRESS (If rural, give location) Wesley Ave.

3. NAME OF DECEASED (Type or Print) (First) Jane (Middle) L. (Last) Thompson

4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 19[illegible]

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 28 May 1952
9. AGE last birthday yrs. If under 1 year Months 11 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Thompson Jr.
14. MOTHER'S MAIDEN NAME Helen P. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS James Thompson Jr. Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
491X Immediate cause	(a) Toxemia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho-pneumonia	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X *Inspection* X *Inquiry* X *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X *accident* ☐, *suicide* ☐, *homicide* , *undetermined* ☐.

SIGNATURE John T. Maloney, M.D. (Degree or title) ADDRESS Cheverly-Hyattsville, Md. DATE SIGNED 5-13-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/15/53
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REG. 5/13/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR John T. Rhines Co
ADDRESS 901 3rd St S W Wash DC

9V5297V49V Carrie F. Campbell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11A

RECEIVED
MAY 18 1953
BUREAU V. R.

Film G154, Item #14 5/13/53,mnb

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: PRINCE GEORGES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: UNIVERSITY PARK — LENGTH OF STAY (in this place): 2 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4206 COLLEGE HEIGHTS DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: UNVERSITY PARK. MD.
STREET ADDRESS (If rural, give location): 4206 COLLEGE HEIGHTS DRIVE

3. NAME OF DECEASED (Type or Print) (First) THEODORE (Middle) J. (Last) TOURANGEAU

4. DATE OF DEATH (Month) MAY (Day) 6 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: APR. 23, 1900
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STRUCTURAL ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: D.C. GOV'T.
11. BIRTHPLACE (State or foreign country): ME.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LUGER TOURANGEAU
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 085-10-2901
17. INFORMANT AND ADDRESS: Dolores T. Schmalz 4206 College Hgts. Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral thrombosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1952, to May 6, 1953, that I last saw the deceased alive on May 6, 1953 and that death occurred at 4.40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John A. Simpson, M.D. 1018 Monroe St. NE May 6, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-11-53 — NAME OF CEMETERY OR CREMATORY: Mt Hyacynth Cemt — LOCATION (City, town, or county) (State): Westbrook, Me.

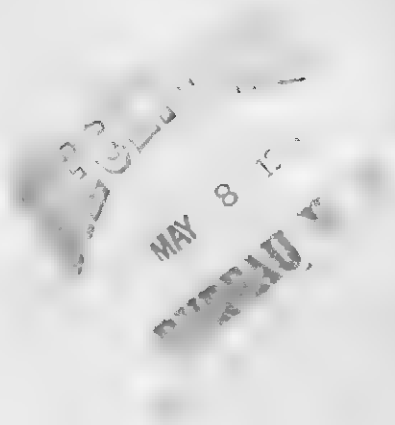
DATE REC'D BY LOCAL REG.: May 6 1953 — REGISTRAR'S SIGNATURE: James Devey — 24. FUNERAL DIRECTOR: Francis Collins 3821-14th St. N.W. Wash. DC. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1


MAY 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05339

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: Hyattsville Convalescent & Nursing Home 5801 - 42nd Avenue
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801 - 42nd Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P. Geo Co
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aquasco Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Aquilla (Middle) (Last) TURNER
4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-17-73
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Aquasco Md. Oct 17 1873
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B Turner
14. MOTHER'S MAIDEN NAME: Rebecca Adams

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Blanche Turner Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cardiac and respiratory failure, apparently accompanied by fresh cerebrovascular accident — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Apparently at least one previous cerebrovascular accident — 8 weeks

DUE TO (c) Generalized and cerebral arteriosclerosis — Unknown

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility; Parkinsonism; pneumonia (hypostatic) of right lung; decubitus ulcers; dehydration; malnutrition.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hugh S. Geiger, Jr., M.D. — ADDRESS 2716 Kirkwood Place, apt. 102, W. Hyattsville, Maryland — DATE SIGNED May 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 5-3-53 — NAME OF CEMETERY OR CREMATORY St Marys — LOCATION (City, town, or county) Aquasco (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/2/53 — REGISTRAR'S SIGNATURE Julia H. Pace James Severe - cmc

24. FUNERAL DIRECTOR Hunt & Gon — ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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RECEIVED
MAY - 5 1953
BUREAU V.S.

05340

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Montgomery Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural, give location) 315 Montgomery Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELLEN (Last) WARFIELD

4. DATE OF DEATH: (Month) MAY (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 19, 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Homemaker

11. BIRTHPLACE (State or foreign country): Relay, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John W. Manning

14. MOTHER'S MAIDEN NAME: Mary Ellen Arnold.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. EUGENE Travers, 315 Montgomery Ave. Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 415 X

			Interval Between Onset and Death
Immediate cause	(a)	Hypostatic Pneumonia	3 Days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Rheumatic C-V. Disease	50 yrs
	DUE TO		
	(c)	With Mitral Insufficiency	50 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 18 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1 1937 to 5/12 1953, that I last saw the deceased alive on 5/12 1953 and that death occurred at 6:10 p.m., from the causes and on the date stated above.

SIGNATURE J. M. Warren (DEGREE OR TITLE) M.B. ADDRESS Laurel DATE SIGNED 5/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 15, 1953

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. May 12 - 53

REGISTRAR'S SIGNATURE M. Beashears

24. FUNERAL DIRECTOR 254 Carroll St. NW. Takoma Park Md ADDRESS

(J. Arthur Walters)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

RECEIVED
MAY 14 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05341

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

36 93

1. PLACE OF DEATH: COUNTY Prince Georgie MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladenesburg Md; LENGTH OF STAY (in this place) 6 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5434 spring Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg md; STREET ADDRESS (If rural, give location) 5434 spring Rd

3. NAME OF DECEASED: (Type or Print) (First) MELVILLE (Middle) F (Last) WAYLAND

4. DATE OF DEATH: (Month) may (Day) 1. (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 3/17/1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Burris F wayland

14. MOTHER'S MAIDEN NAME: Theresa Borden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lelia B wayland Bladenesburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) arteriosclerotic cardiovascular disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

Interval Between Onset And Death: 3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1953, to 5-1, 1953, that I last saw the deceased alive on 4-30, 1953 and that death occurred at approx 2:30 A.M. 5-1-53, from the causes and on the date stated above.

SIGNATURE James E Abell (Degree or title) ADDRESS 2901 So Dakota ave N.E DATE SIGNED 5-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF may 4/53 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-4-1953 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR T Trusche Son ADDRESS Hyattsville Md

RECEIVED
MAY 6 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5342

CERTIFICATE OF DEATH

Reg. Dist. No. 245

~~Leland Memorial Hospital~~

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 10 O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: X 4
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1410-Meridian Pl. NW

3. NAME OF DECEASED: (Type or Print) (First) Asbury (Middle) R. (Last) White

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 17, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Aid-Cardgh
10b. KIND OF BUSINESS OR INDUSTRY: US Gvt Coast&Geo.Surv.
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William White
14. MOTHER'S MAIDEN NAME: Mary White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife 1410-Meridian Pl. NW

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.0
Immediate cause (a) Acute Cardiac Dilitation — Interval Between Onset And Death: 15 Minutes
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerotic Heart Disease — 2 years
DUE TO (c) Arterio-Sclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/51, 19..., to 5/3/53, 19..., that I last saw the deceased alive on 4/28/53, 19..., and that death occurred at 5:45 P.M. from the causes and on the date stated above.
SIGNATURE James A. O'Keeffe (Degree or title) M.D. ADDRESS 5315-16-St. N.W. DATE SIGNED Work. DC 5/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/6 1953
NAME OF CEMETERY OR CREMATORY Prospect Hill Cem
LOCATION (City, town, or county) Washington DC (State)
DATE REC'D BY LOCAL REGISTRAR May 3, 1953
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14 st N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (53413

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights, Md. -
STREET ADDRESS (If rural give location) 823-49th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Luther (Last) Wilhelm

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 19 53

5. SEX: ne

6. COLOR OR RACE: W -

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 24-1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wilhelm

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Dora Wilhelm 823 49th Ave Capt Hghts MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO Myocardial Infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (Coronary Thrombosis)

(c)

Interval Between Onset And Death: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15/53, 19 45 to 5/18/53, that I last saw the deceased alive on 5/18, 19 53, and that death occurred at 8 = A.M., from the causes and on the date stated above.

SIGNATURE William Braun (Degree or title) MD ADDRESS 6124 Central Ave Capitol Hgts MD DATE SIGNED 5/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/20/53 NAME OF CEMETERY OR CREMATORY Salem Church Cemetery LOCATION (City, town, or county) Kannapolis (State) North Carolina

DATE REC'D BY LOCAL REGISTRAR May 20-53 REGISTRAR'S SIGNATURE Assistant

24. FUNERAL DIRECTOR W. W. Chambers & Co. ADDRESS Wash. D.C.

VS. A15

MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5441 Spring Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) 5441 Spring Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Harrison (Last) Wilson
4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept 4, 1870
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clock keeper
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Yard
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Harrison Wilson
14. MOTHER'S MAIDEN NAME: Margaret Ann Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Irene Millsap, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James J. Boyle M.D. Forestville Md 5-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-12-53
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REG.: May 9-1953
REGISTRAR'S SIGNATURE: Carrie S. Campfield.
24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers, Co. 5711 11th St, S.E. Wash., D.C.

VS-ANSA

MAY 12

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05345

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Heights
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6903-Oak Ridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr-Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Heights
STREET ADDRESS (If rural, give location) 6903 Oak Ridge

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) R. (Last) Wilson
4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-21-1896
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY U-S Govt
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U-S A.
13. FATHER'S NAME Edward Wilson
14. MOTHER'S MAIDEN NAME Carrie - Griffiths
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes - World War I (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife - Same address.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442 X Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arrested Pulmonary Tuberculosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Examiner - Hyattsville, Md 5-19-53

27. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-22-53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. May 19, 1953
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR J. Wm Lees Son Co ADDRESS Washington D.C.

7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALIA

MAY 21

05346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: PRINCE GEORGES' MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suitland
LENGTH OF STAY (In this place): Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4915 PORTER AVE., S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND COUNTY: PRINCE GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARGARET ADDELLA WILSON
4. DATE OF DEATH (Month) (Day) (Year): MAY 25 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 20, 1864
9. AGE last birthday: 89 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: CHARLES THOMAS WOOD
14. MOTHER'S MAIDEN NAME: RACHEL ANN RYON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. EVERETT SUIT — 4915 Porter Ave., S.E., Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Acute myocardial Decompensation — 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nonspecific [illegible] — 4 mo.

(c) General Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt femur Jan 24 1953 — 4 mo

19a. DATE OF OPERATION: Jan 28 1953
19b. MAJOR FINDINGS OF OPERATION: Fracture Rt Femur Reported at Pr. Georges Hospital Resuction from Fall at home
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): Natural Cause
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 27, 1953, to May 25, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 1:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] ADDRESS: 5440 Silver Hill Rd., S.E. WASHINGTON 28, D.C. DATE SIGNED: May 25, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/28/53
NAME OF CEMETERY OR CREMATORY: Mt. Carmel
LOCATION (City, town, or county) (State): Upper Marlboro, Md.
DATE REC'D BY LOCAL REG.: May 26-53
REGISTRAR'S SIGNATURE: Edna F. Collins
24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS: Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 19[illegible]
BUREAU V. S.

05347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY ~~Montgomery~~ Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Mont.~~ P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville, Md.
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) J. (Last) WISSMAN
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Mar. 13, 1887
9. AGE last birthday 66 yrs. If under 1 year: Months 2 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Self-Employed
11. BIRTHPLACE (State or foreign country) Branchville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jackson D. Wissman
14. MOTHER'S MAIDEN NAME Christina Feighenne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr John W. Wissman - Berwyn, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1 da.
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Prostate	6 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 1952, to 5/14, 1953, that I last saw the deceased alive on 5/14, 1953, and that death occurred at 8 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
N B Stewart · 314 Compton Ave Laurel Md 5/14/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) BURIAL
DATE THEREOF May 18/53
NAME OF CEMETERY OR CREMATORY ST. JOHNS CEM.
LOCATION (City, town, or county) (State) BELTSVILLE, MD.

DATE REC'D BY LOCAL REG. 5/15/19 53
REGISTRAR'S SIGNATURE ~~Amanda Downey~~ John D. Smith
24. FUNERAL DIRECTOR Martin W Kyrong ADDRESS 1300 N St NW 6 C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

M

1

T

MAY 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05348

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Pr. George. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 M Southway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt.
STREET ADDRESS (If rural, give location) 10 M Southway.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	HANDY	Woodburn	May	20,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7/12/1891	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired.	U.S. Govt.	Indianapolis, Ind.	U.S.A.

13. FATHER'S NAME: Frederick C. Woodburn
14. MOTHER'S MAIDEN NAME: Grace A. Gilbert.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes. WW I	—	Dale B. Woodburn - Son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
976x Immediate cause (a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound comminuted fracture of skull and laceration of brain -	
(c) Gun-shot wound of head.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Greenbelt -	Prince Geo.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
5-20-53 4.20 p.m.			Self inflicted wound of head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam.	Hyattsville, Md.	5-21-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 23/53	Fort Lincoln Cem	Prince Geo's County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 21st 1953	John O. Smith	W.W. Chambers Co.	5801 Cleve. Ave Riverdale, Md.

RECEIVED
MAY 25 1953
BUREAU V. S

Item 8: film G156 7-31-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05349

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville md. | LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.C.
STREET ADDRESS (If rural give location) 3130 Wisconsin av. N.W.

3. NAME OF DECEASED: (First) William (Middle) C. (Last) Woods (Type or Print)

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9-19-77 11878

9. AGE Last birthday 75 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Asst Program Section - USN Naval Gun Factory

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm C Woods

14. MOTHER'S MAIDEN NAME: Sharon V Cromer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife, 3130, Wisconsin av NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebrovascular accident, probably hemorrhage — Interval Between Onset And Death: 15 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral arteriosclerosis — 1 year or more

DUE TO

260X
(c) Severe generalized arteriosclerosis — 5 years or more

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility; bilateral uremia - thigh amputations from arteriosclerotic gangrene; recent mild Diabetes mellitus from arteriosclerosis of pancreas.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1953, to May 26, 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE Hugh S. Steiger, Jr., (Degree or title) M.D. ADDRESS 2716 Kirkwood Place, W. Hyattsville, Md. DATE SIGNED May 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 5/29/1953 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem | LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REGISTRAR May 29 1953 | REGISTRAR'S SIGNATURE James Sevas

24. FUNERAL DIRECTOR'S ADDRESS The S.H. Hines Co. 3901-14th St NW Wash DC

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RECEIVED
MAY 29 1953
BUREAU V. S.